is is your first time filing an application with the PSC, you will not a Docket Number. The Commission will assign one to you. If you if filed with the Commission before, a Docket Number was assigned should be entered above. Sephone: (843) 457 - 9359
nail: supplements the filing and service of pleadings or other papers ssion of South Carolina for the purpose of docketing and must
supplements the filing and service of pleadings or other papers ssion of South Carolina for the purpose of docketing and must
ck all that apply)
Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response Return to Petition Other:
La Onioi.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 3/29/11	
CL	ASS C - CHARTER	BT.
	MAR 2 9 2	2011
App of \$	olication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provided Ann., § 58-23-10, et seq. (1976), and amendments thereto.	ision ICE
1. N	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade	name.)
_	Lackie L. Montgomery	
	dba: Montgomery Transportation Street Address of Applicant	
	··· · · · · · · · · · · · · · · · · ·	
	Heavy Pine Lake Dr. Myttle Beach, SC 29577 Mailing Address of Applicant if different from street address	
	843) 457- 9359 Phone Fax	<u>,,</u>
_	Email Address	
	If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach Secretary of State "Foreign Corporation" Certificate.)	SC
	Select Entity Type: (Check one)	
	Individual Owner/Sole Proprietorship	
	Partnership - List names and address of all person having an interest in the business.	
	Corporation - List names and addresses of two principal officers.	
	I	
		<u> </u>
	·	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Balance at Time Application is Filed: Month Year
Assets:	
Cash	1,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	1,000.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	60.000

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:				
# 2.80 per mans				
" a,00	Cisa .			
			1.0	
•				
Counties to be Ser	ved:			
Counties to be Ser				
Carren	C. Dina			
,				
•				
Maximum Number	of Passengers per Vehicle:			
15				
'				

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
707	YEAR & MODEL			
, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	Annual An		
			11 mm pag, pake 1 d d da de	
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INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:
Sackie L. Montgomery, dba: Montgomery Transportation
Name of Motor Carrier
4604 Pine Lake Dr., Myrtle Beach, SC 29577
Address of Motor Carrier
Amount of Premium: Limits Quoted: (See Below)
· La3
Liability Insurance \$ 2,46.00 Limits 500,000 CSL
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers \$ 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000
Starnat Quemansa
Name of Insurance Company
010 2 para Deceroped woodowns
Name of Insurance Company Clo 5 Story Spare 25 Trogomo 158 N. Harbor City BWd. mallower, Fl 33935 Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date Date

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Sacraia 8. Montagemany d	f Applicant	an polamos m	mitatroganes, -
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1.	Are there currently any ou	utstanding judgments against the Applicant?
	○ Yes	○ No
	If Yes, indicate nature of	judgement(s) against applicant.
	t	
	i	
2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire mot carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?		
	O Yes	○ No
2	To Aunticent curans of the	Commission's insurance requirements and the insurance premium costs associated
э.	therewith?	Commission's insurance requirements and the insurance premium costs associated
	Yes Yes	○ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.			vers must be a minimum of 18 years of age.
		0 1	No.
2.	Applicant understand such record from be maintained in the	m the DMV of	fied copy of the driver's three (3) year driving record issued by the SC DMV f the state in which the driver is or has been domiciled for such period must business office.
	⊘ Yes	0 1	No
3.	Applicant understa must be maintained	nds that a crim I in the Applica	ainal history background check from the state where the driver currently lives ant's business office.
		0 1	No
4.	Applicant understa their possession wh state of residence of	nen operating a	vers operating a vehicle under a Class C Charter Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	O Yes	0 1	No
5.	vehicles to drivers	who are regist	ass C Charter Certificate holders are prohibited from employing or leasing ered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders. No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA) COUNTY OF Hossia,	Jach. I M. Applicant's Signature
I, Name of Applicant's Representative	
the Applicant for the Certificate of Public Convention affirm that all statements contained in the above a	nience and Necessity as set forth in the foregoing, swear or
	Jach L Modern Signature of Applicant's Representative
SWORN TO BEFORE ME This 39th day of 600000000000000000000000000000000000	
Notary Public	
Commission Expires 9/12/15	